

BLASTBALL REGISTRATION FORM 2017
MITCHELL MINOR BASEBALL
P.O. Box 431, Mitchell, Ont. N0K 1N0

Player Name _____

Male _____ Female _____

Date of Birth: (MM/DD/YY) _____

Address: Box No. _____ Street _____

Town: _____

Postal Code _____ Phone No. _____

Parent Information: (Mother) _____ (Father) _____

* E-Mail Address: _____ **Print Clear**

Indicate if this is first year of blastball _____

DIVISION	YR. OF Birth	Cost
T - BALL/ SOCCER	2011, 2012, 2013	\$40.

TOTAL FEE _____

T-Shirt size – Childs X-Small ___ S ___ M ___ L ___

\$15. Late Fee after April 1/17 - No Refunds after April 15/17

\$30 Admin Fee for all Refunds

COACHES, UMPIRES, Volunteers, Sponsors Required

I am interested in : Coaching _____ Asst. Coach _____

Parent Rep _____ Other _____ Website Manager _____

Blastball/ Soccer runs Wednesdays at 6:30 pm from May 24 to July 26

Comments _____

PARENTAL CONSENT TO PLAY: By my signature I acknowledge that Mitchell Minor Baseball Association has no liability for injury to the player named herein, however caused, whether such injury occurs during practise, competition or travelling to or from such practise or competition.

Parent Signature: _____

Office use only: Date rec`d _____ Total payment received from _____

Cheque # _____ Cash _____ Received by (Minor Baseball Rep) _____

Amount Eligible for Children's Fitness Tax Credit _____

THIS IS YOUR OFFICIAL RECEIPT FOR INCOME TAX